

Texas Historic Courthouse Preservation Program Request for Reimbursement Form

*Mail an original copy of this document and back-up documentation via USPS to: **TEXAS HISTORICAL COMMISSION, Attention: Tina Ray, P.O. Box 12276, Austin, TX 78711-2276** or send electronically to tina.ray@thc.state.tx.us*

Project Information

County Name: _____
County Judge: _____ Phone: _____ Fax: _____
Grant Fiscal Year: 2012-13
Initial Grant Award: \$ _____ Revised Grant Amount: \$ _____
(if applicable)
Request Number: # _____

Payment Recipient

Name: _____
County: _____
Address: _____
City: _____ State: _____ Zip: _____
Federal or State ID #: _____
Chief Financial Officer: _____ Phone: _____ Fax: _____

Type of Payment Requested (check one)

Partial: _____ Final: _____

Period Covered This Request

From (Month/Day/Year): _____ To (Month/Day/Year): _____

Reimbursement Calculation

A: Total Eligible Project Costs for This Period \$ _____
(Attach copies of summaries, invoices and cancelled payment checks)
B: State Percentage Share for Reimbursement _____ %
C: Requested Amount for Reimbursement this Period (C = A x B) \$ _____
("C" must not exceed 90% of award unless this is a final request)

Grant Funds Balance

Grant Award Amount _____
Total Reimbursement to Date (include amount in C above) _____
Grant Funds Balance \$ _____

Certification

To the best of my knowledge and belief, data in this reimbursement request are true and correct. All requests for reimbursements included on this form are for allowable costs as identified in the grant award.

County Judge/Program Administrator

Date

County Auditor/Chief Financial Officer

Date

For THC Use Only

form revised 2/2012

THC Approval: _____
Date: _____

Amount Approved: _____